QUESTIONNAIRE IDENTIFICATION NO:[__ |__|__|__|__|__|__]
5 digit fac. + 2 Indiv code

# Baseline Facility Survey – 2020
# State Ministry of Health and NURHI
# Exit Interview for Family Planning and Potential Integration Clients (Hausa)

STATE NAME & CODE _____

FACILITY NAME & CODE _____

LGA NAME & CODE_____

LOCALITY NAME _____

| | HAUSA | YORUBA | PIDGIN | ENGLISH | OTHER (SPECIFY) |
|---|---|---|---|---|---|
| LANGUAGE OF INTERVIEW _____ | 1 | 2 | 3 | 4 | 6 |
| NATIVE LANGUAGE OF RESPONDENT | 1 | 2 | 3 | 4 | 6_____ |

TRANSLATOR USED? YES [ ] NO [ ]

NAME OF PROVIDER SEEN BY WOMAN_____

CODE OF PROVIDER [ ][ ]

| PARTICIPANT ELIGIBILITY/SCREENING QUESTIONS | | | |
|---|---|---|---|
| **No.** | **Questions** | **Coding** | **Skip** |
| Q1. | Did you see a provider today for health care services?<br><br>***Shin yau kin ga ma'aikacin/ma'aikaciyar kiwon lafiya saboda ayyukan inganta lafiya?*** | YES……...……1<br>NO……2→ | **END INTERVIEW** |
| Q2. | How old were you at your last birthday?<br><br>***Shekarun ki nawa cikakku?*** | AGE IN YEARS . . . . [ ][ ] | **STOP IF YOUNGER THAN 15 OR OLDER THAN 49** |
| Q2b. | How many living children do you have? | [ ][ ] | |
| Q2c. | How old is your youngest child? | Years [ ][ ] Month [ ][ ] | Automatically convert years to month |

| INFORMATION ABOUT VISIT | | | |
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| | **QUESTIONS** | **CODING** | **SKIP/NOTES** |
| Q3. | RECORD THE TIME THE INTERVIEW STARTED [24-HOUR TIME] | [ ][ ] : [ ][ ] | |
| Now I would like to talk to you about the health services for which you had come today to this facility.<br>***Yanzu ina so nayi miki magana a kan ayyukan tsarin iyali da kika zo yi yau a wannan asibitin.*** | | | |
| Q4. | What was the main service that you came for today?<br>***Wanne muhimmin aiki kika zo ayi miki a yau?*** | FAMILY PLANNING---------- 01<br>ANTENATAL CARE---------- 02<br>DELIVERY SERVICES ---------- 03<br>POSTNATAL CARE ---------- 04<br>POST-ABORTION CARE ----------05<br>GROWTH MONITORING---------- 06<br>CHILD IMMUNIZATION ---------- 07<br>STI MANAGEMENT ----------08<br>HIV/AIDS MANAGEMENT ---------- 09<br>CURATIVE SERVICES ---------- 10<br>VCT ---------- 11<br>OTHER _____ 96<br>(SPECIFY) | **Q22** |
| Q6a. | Have you ever done something or use a method to avoid a pregnancy? | Yes ..... 1<br>No ..... 2 → | **Q11a** |
| Q6b. | If yes, what are all of the things you have done or methods you have used to avoid a pregnancy?<br>***Kafin ziyarar yau,wanne irin hanya (hanyoyi) na tsarin iyali ki ka yi amfani da ita domin hana daukar ciki?***<br>**MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.** | FEMALE STERILIZATION……...A<br>MALE STERILIZATION…….....B<br>IMPLANT…….....C<br>IUD……D<br>INJECTABLE... . . . . ……...……..E<br>DAILY PILL……F<br>EMERGENCY PILL (Postnor2, etc.)……G<br>MALE CONDOM . . . . . ……....H<br>FEMALE CONDOM . .. . ….. . . …….....I<br>STANDARD DAYS METHOD/<br>CYCLE BEADS…..……..……..J<br>BREASTFEEDING/LAM . . . . . ….……...K<br>OTHER MODERN METHOD<br>_____ L<br>(SPECIFY)<br>RHYTHM METHOD ……M<br>WITHDRAWAL ……..…….....N<br>OTHER TRADITIONAL METHOD<br>_____X<br>(SPECIFY) | |
| Q6c. | When was the last time you did something or used a method to avoid a pregnancy?<br>***Yaushe ne lokaci na karshe da kika yi amfani da wani abu ko wata hanyar tsarin iyali domin hana daukan ciki?*** | WITHIN 3 MONTHS .....1<br>MORE THAN 3-6 MONTHS AGO .....2<br>MORE THAN 6 MONTHS -1 YEAR AGO.. 3<br>MORE THAN 1 YEAR AGO .....4 | |
| Q7. | Were you using any FP method the last time you had sex?<br>***Kina da wata kariya ta hanyar tsarin iyali da ki ka yi amfani da ita lokacin da kika yi jima'i na karshe?*** | Yes ..... 1<br>No ..... 2 → | **Q9** |
| Q8. | Which method(s) were you using? | FEMALE STERILIZATION……...A | |

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| | ***Wacce irin hanya (hanyoyi) kike amfani da ita?***<br><br>**MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.** | MALE STERILIZATION…….....B<br>IMPLANT…….....C<br>IUD……D<br>INJECTABLE... . . . . ……...……..E<br>DAILY PILL……F<br>EMERGENCY PILL (Postnor2, etc.)……..G<br>MALE CONDOM . . . . . ……....H<br>FEMALE CONDOM . .. . ….. . . …….....I<br>STANDARD DAYS METHOD/<br>CYCLE BEADS…..……..J<br>BREASTFEEDING/LAM . . . . . …..……...K<br>OTHER MODERN METHOD<br>_____ L<br>(SPECIFY)<br>RHYTHM METHOD ……..……M<br>WITHDRAWAL ……...…….....N<br>OTHER TRADITIONAL METHOD<br>_____X<br>(SPECIFY) | |
| Q9. | Are you currently using a FP method?<br><br>***A yanzu kena amfani da wata hanya tsari iyali?*** | YES.....……1<br>NO..... ..2 → | **Q11a** |
| Q10. | Which method(s) are you using?<br><br>***Wacce hanya (hanyoyi) na tsarin iyali kike amfani da ita?***<br><br>CIRCLE ALL MENTIONED | FEMALE STERILIZATION……...A<br>MALE STERILIZATION…….....B<br>IMPLANT…….....C<br>IUD……D<br>INJECTABLE... . . . . ……...……..E<br>DAILY PILL……F<br>EMERGENCY PILL (Postnor2, etc.)……..G<br>MALE CONDOM . . . . . ……....H<br>FEMALE CONDOM . .. . ….. . . …….....I<br>STANDARD DAYS METHOD/<br>CYCLE BEADS…..……..J<br>BREASTFEEDING/LAM . . . . . …..……...K<br>OTHER MODERN METHOD<br>_____ L<br>(SPECIFY)<br>RHYTHM METHOD ……..……M<br>WITHDRAWAL ……...…….....N<br>OTHER TRADITIONAL METHOD<br>_____X<br>(SPECIFY) | |

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| Q10a | **Where did you obtain this method you are using?** | Government hospital ..... 1<br>Government health centre/clinic/PHC..... 2<br>Government health post..... 3<br>Private hospital..... 4<br>Private health centre/clinic/PHC ..... 5<br>Private maternity clinic ..... 6<br>Family Planning Centre ..... 7<br>Youth Friendly Centre ..... 8<br>Pharmacy ..... 9<br>Chemist/ Patent Medical Store ..... 10<br>Kiosk/retail outlet..... 11<br>Community health worker ..... 12<br>Faith/traditional healer ..... 13<br>Religious/church leader ..... 14<br>Other .....15<br>No response……..- | |
| Q11a | What was the main reason of coming for a family planning visit today?<br><br>***Wanne muhimmin dalili ya sa ki ka zo neman hanyar tsarin iyali a yau?***<br><br>**IF RESPONDENT DOES NOT SPONTANEOUSLY MENTION ANY OF THE OPTIONS LISTED. PROBE BY READING THE LIST & SAYING WHICH OPTION BEST DESCRIBES WHY YOU VISITED THE FACILITY TODAY. IF NONE OF THE OPTIONS APPLY, WRITE IN THE PURPOSE IN "OTHER". CIRCLE ONLY ONE RESPONSE.** | START USING FAMILY PLANNING FOR THE FIRST TIME……01<br>RESUPPLY OF CONTRACEPTIVE……02<br>FOLLOW-UP WITHOUT ANY PROBLEM…….03<br>FOLLOW-UP WITH PROBLEM ……..……04<br>STOP CONTRACEPTIVE……05 →<br>RESTART FAMILY PLANNING……..……06<br>SWITCH TO A DIFFERENT METHOD……....07 →<br>Other _____96<br>(SPECIFY) | |
| | Fore respondents that Stop/Switch @Q11, ask | | |

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| 11b(1) | START USING FAMILY PLANNING FOR THE FIRST TIME……01 | c. Ask your reproductive goal?<br><br>d. Provide information about different FP methods?<br><br>e. Ask about your FP preference?<br><br>g. Talk about possible side effects with the method?<br><br>h. Tell you when to return for follow-up?<br><br>i. Help you select a method?<br><br>j. Explain how to use this method? | |
| 11b(2) | RESUPPLY OF CONTRACEPTIVE……02 | a. Ask specifically about any reason or problems you were having with the method?<br><br>b. Suggest any action(s) to respond to the reason or resolve the problem.<br><br>h. Tell you when to return for follow-up? | |
| 11b(3) | FOLLOW-UP WITHOUT ANY PROBLEM…….03 | h. Tell you when to return for follow-up? | |
| 11b(4) | FOLLOW-UP WITH PROBLEM ……..……04 | a. Ask specifically about any reason or problems you were having with the method?<br><br>b. Suggest any action(s) to respond to the reason or resolve the problem.<br><br>g. Talk about possible side effects with the method?<br><br>h. Tell you when to return for follow-up? | |
| 11b(5) | STOP CONTRACEPTIVE……05 | a. Ask specifically about any reason or problems you were having with the method?<br><br>b. Suggest any action(s) to respond to the reason or resolve the problem. | |
| 11b(6) | RESTART FAMILY PLANNING..……..……06 | c. Ask your reproductive goal?<br><br>d. Provide information about different FP methods?<br><br>e. Ask about your FP preference?<br><br>g. Talk about possible side effects with the method?<br><br>h. Tell you when to return for follow-up?<br><br>i. Help you select a method?<br><br>j. Explain how to use this method? | |

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| 11b(7) | SWITCH TO A DIFFERENT METHOD……....07 | a. Ask specifically about any reason or problems you were having with the method?<br><br>b. Suggest any action(s) to respond to the reason or resolve the problem.<br><br>d. Provide information about different FP methods?<br><br>e. Ask about your FP preference?<br><br>g. Talk about possible side effects with the method?<br><br>h. Tell you when to return for follow-up?<br><br>i. Help you select a method?<br><br>j. Explain how to use this method? | |

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| Q12. | What was the outcome of this visit—did you decide to continue the same method, stop using method, or switch methods?<br><br>***Menene sakamakon wannan ziyarar-Shin ko kin yanke shawarar cigaba da amfani da wannan hanyar,daina amfani da hanyar ko kuma canja wata hanya?*** | CONTINUE WITH SAME METHOD……..…1 →<br>SWITCH METHOD……...2 →<br>STOP USING METHOD (DUE TO PROBLEMS)…….....3<br>STOP USING METHOD (ELECTIVE-NO PROBLEMS)……....4<br>TAKE A METHOD FOR THE FIRST TIME…..5<br>OTHERS (SPECIFY)_____6<br>} → | |
| Q13. | Did you receive a contraceptive method today?<br>***Shin ko kin karbi wata hanyar tsarin iyali yau?*** | YES ……..…..1<br>NO .....2 | **IF NO, GO TO Q22** |
| Q13a | **How satisfied are you with the method you received today** | Very satisfied.....1<br><br>Satisfied.....2<br><br>Neither satisfied nor dissatisfied .....3<br><br>Dissatisfied.....4<br><br>Very dissatisfied .....5<br><br>No response……..-99 | |

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| Q17. | Did you know what family planning method you wanted to use before you came here today during your visit?<br><br>***Shin ko kin san wacce irin hanyar tsarin iyali kike son kiyi amfani da da ita kafin kizo nan yau?*** | YES . . . . . .. . . . . ..... . . . . 1<br>NO . . . . . .. . . . . ..... . . 2 → | **Q18a** |
| Q18. | What method was that?<br><br>***Wacce irin hanya ce?***<br><br>MULTIPLE RESPONSES POSSIBLE.<br>CIRCLE ALL MENTIONED. | FEMALE STERILIZATION……...A<br>MALE STERILIZATION…….....B<br>IMPLANT…….....C<br>IUD……..……D<br>INJECTABLE... . . . . ……..……E<br>DAILY PILL……F<br>EMERGENCY PILL (Postnor2, etc.)……..G<br>MALE CONDOM . . . . . .…….....H<br>FEMALE CONDOM . .. . ….. . . …….....I<br>STANDARD DAYS METHOD/<br>CYCLE BEADS…..……..J<br>BREASTFEEDING/LAM . . . . . ….……..K<br>OTHER MODERN METHOD<br>_____ L<br>(SPECIFY)<br>RHYTHM METHOD ……..……M<br>WITHDRAWAL ……..…….....N<br>OTHER TRADITIONAL METHOD<br>_____X<br>(SPECIFY) | |
| Q18a | **Who chose the method that you were given?** | Respondent..... 1<br><br>Spouse/partner ..... 2<br><br>Provider..... 3<br><br>Joint respondent/Spouse/partner decision ... 4<br><br>Joint respondent/provider decision ..... 5<br><br>Joint respondent/Spouse/partner/provider decision ..... 6<br><br>Other ..... 7<br><br>Don't know .....-88<br><br>No response……-99 | |
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| **POTENTIAL INTEGRATION USERS** | | | |
| Q22. | Were there other health concerns you wanted to learn about today that you did not discuss with the doctor or nurse?<br><br>***Ko kina da wasu matsalolin da suka shafi kiwon lafiya wanda ba ki tattauna su da ma'aikacin jinya ko likita ba?*** | YES . . . . . 1<br>NO . . . . . 2 → | **Q24** |
| Q23. | What were those health concerns related to?<br><br>***Shin wadannan al'amuran lafiyan me suka shafa?***<br><br>**DO NOT READ LIST.** | ANTENATAL CARE . . . . . .. . ..... . . . . A<br>DELIVERY SERVICES . . . .. . . . . ..... .B<br>POSTNATAL CARE . . . . . ..... C<br>GROWTH MONITORING . . . . . ..... D<br>STI MANAGEMENT . . . . . .. . . . . ..... E<br>HIV/AIDS MANAGEMENT .. . . . . ..... F | |

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| | **MULTIPLE RESPONSES POSSIBLE.**<br>**CIRCLE ALL MENTIONED.** | CURATIVE SERVICES . . . . . .……. .G<br>NUTRITION SERVICES/INFORMATION. . . . . H<br>CHILD IMMUNIZATION … . . . . . .…… . I<br>POST-ABORTION CARE. . . . . .……. J<br>VOLUNTARY COUNSELING TESTING…….K<br>FAMILY PLANNING……...……L<br><br>OTHER HEALTH SERVICES_____X | |
| Q24. | **CHECK Q4:** IF ANTENATAL OR DELIVERY SERVICES (Q4=02 OR 03) ☐ →<br><br>IF ANY OTHER SERVICE, INCLUDING:<br><br>INFANT GROWTH MONITORING (Q4=06) OR CHILD IMMUNIZATION (Q4=07) OR STI MANAGEMENT (Q4=08) OR HIV/AIDS MANAGEMENT (Q4=09) OR CURATIVE SERVICES (Q4=10) OR VCT (Q4=11) OR OTHER (Q4=96) ☐ ↓<br><br>POST NATAL CARE OR POST ABORTION CARE (Q4=04 OR 05) ☐ → | | **Q29**<br><br><br><br>**Q26** |
| Q25. | Are you currently pregnant?<br><br>***Yanzu haka kina da ciki ne?*** | YES……1 →<br>NO……..2<br>UNSURE……8 | **Q29** |

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| Q26. | Are you currently doing anything to prevent pregnancy?<br><br>***A yanzu haka kina yin wani abu da zai hana daukan ciki?*** | YES . . . . . .…... . . 1 →<br>NO . . . . . .…… 2 | **Q28** |
| Q27. | Why aren't you using a method of family planning/birth spacing to delay or avoid pregnancy?<br><br>***Shin me yasa bakya amfani da wata hanya ta tsarin iyali/tazara tsakanin haihuwa dan hutuwa ko hana daukan ciki?***<br><br>**MULTIPLE RESPONSES POSSIBLE.**<br>**CIRCLE ALL MENTIONED.** | **FERTILITY RELATED REASONS**<br>INFREQUENT SEX/NO SEX . . . . .. ……A<br>HUSBAND/PARTNER IS AWAY……..B<br>MENOPAUSAL/HYSTERECTOMY……..C<br>BREASTFEEDING……D<br>CAN'T HAVE CHILDREN. . . . . .…….E<br>WANTS AS MANY CHILDREN AS POSSIBLE . . . . . ... . . . . .…….F<br>WANTS TO GET/TRYING TO GET PREGNANT……..……...G<br>POSTPARTUM AMENORRHEA……....H<br><br>**OPPOSITION TO USE:**<br>RESPONDENT OPPOSES . . . . . .……...I<br>PARNTER OPPOSES ... . . . . .……J<br>OTHERS OPPOSE.. . . . . .……K<br>RELIGIOUS PROHIBITION . . . . . .……..L<br><br>**LACK OF KNOWLEDGE:**<br>KNOWS NO METHOD . . . . . .……M<br>DON'T KNOW HOW TO USE METHOD . . .N<br>KNOWS NO SOURCE . . . . . .……O<br><br>**METHOD-RELATED REASONS:**<br>HEALTH CONCERNS . . . . . .……..P<br>FEAR OF SIDE EFFECTS . . . . . .……Q<br>LACK OF ACCESS/TOO FAR . . . . . .……R<br>COSTS TOO MUCH . . . . . .……S<br>INCONVENIENT TO USE . . . . . .……T<br>DON'T LIKE EXISTING METHODS……..U<br>BAD EXPERIENCE WITH EXISTING METHODS……V<br><br>**FATALISTIC:**<br>UP TO GOD……W<br>OTHER _____X<br>DON'T KNOW . . . . . .……Z | **ALL SKIP TO Q29** |

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| Q27a | **Do you think you or your partner will use a method to delay or avoid pregnancy in the next 12 months?** | Yes..... 1<br><br>No..... 0<br><br>Don't know ..... -88 | **ALL SKIPTO Q29** |
| Q28. | What method are you using?<br><br>***Wacce irin hanya kike amfani da ita?***<br><br>**MULTIPLE RESPONSES POSSIBLE.**<br>**CIRCLE ALL MENTIONED.** | FEMALE STERILIZATION……...A<br>MALE STERILIZATION…….....B<br>IMPLANT…….....C<br>IUD……D<br>INJECTABLE... . . . . ……...……..E<br>DAILY PILL……F<br>EMERGENCY PILL (Postnor2, etc.)……..G<br>MALE CONDOM . . . . . ……....H<br>FEMALE CONDOM . .. . ….. . . …….....I<br>STANDARD DAYS METHOD/<br>CYCLE BEADS…….J<br>BREASTFEEDING/LAM . . . . . …..……..K<br>OTHER MODERN METHOD<br>_____ L<br>(SPECIFY)<br>RHYTHM METHOD ……M<br>WITHDRAWAL ……...…….....N<br>OTHER TRADITIONAL METHOD<br>_____X<br>(SPECIFY) | |

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| Q29. | During this visit, did you see or receive any information about family planning?<br><br>***A lokacin wannan ziyara,shin ki gani ko kin samu wani bayani akan hanyar tsarin iyali?*** | YES . . . . . 1<br>NO . . . . . 2 → | **Q32** |
| Q30. | How did you get this information?<br><br>***Shin ta yaya kika samu wannan bayanin?***<br><br>**MULTIPLE RESPONSES POSSIBLE.**<br>**CIRCLE ALL MENTIONED.** | PROVIDER SPOKE ABOUT FP……...A<br>YOU ASKED ABOUT FP ……B<br>SAW A VIDEO……C<br>PARTICIPATED IN A GROUP DISCUSSION....D<br>SAW WRITTEN MATERIALS……E<br><br>OTHER: _____X<br>(SPECIFY) | |
| Q31. | Which methods were discussed in the information you saw or received?<br><br>**Wanne hanyoyi aka tattauna a bayanin da kika gani ko kika samu?**<br><br>**MULTIPLE RESPONSES POSSIBLE.**<br>**CIRCLE ALL MENTIONED.** | FEMALE STERILIZATION……...A<br>MALE STERILIZATION…….....B<br>IMPLANT…….....C<br>IUD……D<br>INJECTABLE... . . . . ……...……..E<br>DAILY PILL……F<br>EMERGENCY PILL (Postnor2, etc.)……..G<br>MALE CONDOM . . . . . ……....H<br>FEMALE CONDOM . .. . ….. . . …….....I<br>STANDARD DAYS METHOD/<br>CYCLE BEADS…….J<br>BREASTFEEDING/LAM . . . . . …..……..K<br>OTHER MODERN METHOD<br>_____L<br>(SPECIFY)<br>RHYTHM METHOD ……M<br>WITHDRAWAL ……...…….....N<br>OTHER TRADITIONAL METHOD<br>_____X<br>(SPECIFY) | |

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| Q32. | Do you know if you can obtain family planning methods or services at this facility?<br><br>***Shin ko kin san zaki iya samun hanyar tsarin iyali ko ayyukan tsarin iyali a wannan asibiti?*** | YES, CAN RECEIVE FP HERE……1<br>NO, CANNOT RECEIVE FP HERE……..2 →<br>DON'T KNOW…….8 | **Q35** |
| Q33. | Did you receive a family planning method, referral, or prescription for a family planning method today?<br><br>***Shin ko kin samu an tura ki wani wuri don hanyar tsarin iyali ko an tsara miki wata hanya ta tsarin iyali a yau?*** | YES, RECEIVED METHOD . . . . . 1<br>YES, RECEIVED REFERRAL……....2<br>YES, RECEIVED PRESCRIPTION……3<br>NO, DID NOT RECEIVE ANYTHING. . . . . 4 →<br>ALREADY USING……5 → | **Q35**<br>**Q41** |
| Q34. | For what method(s)?<br><br>***A kan wacce hanya (hanyoyi)?***<br><br>**MULTIPLE RESPONSES POSSIBLE.**<br>**CIRCLE ALL MENTIONED.** | FEMALE STERILIZATION……...A<br>MALE STERILIZATION…….....B<br>IMPLANT…….....C<br>IUD……D<br>INJECTABLE... . . . . ……...……E<br>DAILY PILL……F<br>EMERGENCY PILL (Postnor2, etc.)……..G<br>MALE CONDOM . . . . . ……....H<br>FEMALE CONDOM . .. . ….. . . …….....I<br>STANDARD DAYS METHOD/<br>CYCLE BEADS…..……..J<br>BREASTFEEDING/LAM . . . . . …..……..K<br>OTHER MODERN METHOD<br>_____L<br>(SPECIFY)<br>RHYTHM METHOD ……M<br>WITHDRAWAL ……..…….....N<br>OTHER TRADITIONAL METHOD<br>_____X<br>(SPECIFY) | **ALL SKIP TO Q41** |
| Q35. | If the provider HAD offered you family planning counseling or services during your visit would you have been interested?<br><br>***In da ace ma'aikaciyar asibiti ta baki shawara ko tayi maki ayyuka akan tsarin iyali a lokacin ziyarar ki,za ki so hakan?*** | YES . . . . . ….. . . …. . . . ..1<br>NO . . . . . ….. …. . .. 2 →<br>DON'T KNOW . . . . . ….... ..8 → | <br>**Q38**<br>**Q38** |
| Q36. | What method(s) would you be interested in?<br><br>***Shin wacce hanya zaki yi sha'awa?***<br><br>**MULTIPLE RESPONSES POSSIBLE.**<br>**CIRCLE ALL MENTIONED.** | FEMALE STERILIZATION……...A<br>MALE STERILIZATION…….....B<br>IMPLANT…….....C<br>IUD……D<br>INJECTABLE... . . . . ……...……E<br>DAILY PILL……F<br>EMERGENCY PILL (Postnor2, etc.)……..G<br>MALE CONDOM . . . . . ……....H<br>FEMALE CONDOM . .. . ….. . . …….....I<br>STANDARD DAYS METHOD/<br>CYCLE BEADS…..……..J<br>BREASTFEEDING/LAM . . . . . …..……..K<br>OTHER MODERN METHOD<br>_____ L<br>(SPECIFY)<br>RHYTHM METHOD ……M<br>WITHDRAWAL ……..…….....N<br>OTHER TRADITIONAL METHOD<br>_____X<br>(SPECIFY) | |

| Q37a. **ADD FP METHOD CODES FROM Q36 ABOVE** | Q37b. Would you be willing to pay for METHOD?<br><br>***Shin za ki so ki biya kudi a hanyar?*** |
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| (1) METHOD ☐ | YES……,,,,,,1<br>NO……2 → **(2)** | **All skip to Q41** |
| (2) METHOD ☐ | YES……,,,,,,1<br>NO……2 → **(3)** | |
| (3) METHOD ☐ | YES……,,,,,,1<br>NO……2 | |

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| Q38. | Why would you not be interested?<br><br>***Shin me yasa baza ki yi sha'awa ba?***<br><br>**MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.** | NOT APPROPRIATE TIME FOR DISCUSSION…….. . . A<br>NOT APPROPRIATE TIME BECAUSE CHILDREN WERE PRESENT……..….B<br>NOT COMFORTABLE WITH PROVIDER..…..C<br>DIDN'T HAVE TIME . . . . . ……..D<br>WANT MORE CHILDREN. . . . ……..E<br>NEVER THOUGHT OF IT . . . . ……F<br>HUSBAND/PARTNER WOULD DISAPPROVE……..G<br>SHE DISAPPROVES OF FP……..……H<br>CURRENTLY PREGNANT……..I<br>RELIGIOUS PROHIBITIONS……..J<br>BREASTFEEDING……..…K<br>POSTPARTUM AMENORRHEA……L<br>INFREQUENT/NO SEX……..M<br>HUSBAND/PARTNER AWAY……N<br>MENOPAUSAL/HYSTERECTOMY……..…O<br>CAN'T HAVE CHILDREN……..P<br>HEALTH CONCERNS……Q<br>FEAR OF SIDE EFFECTS……R<br>TOO EXPENSIVE……S<br>LACK ACCESS TO METHOD ON REGULAR BASIS……T<br>INCONVENIENT TO USE……..…U<br>DON'T LIKE EXISTING METHODS……..V<br>BAD EXPERIENCE WITH EXISTING METHODS……W<br>METHOD INTERESTED IN NOT AVAILABLE……Y<br>OTHER _____X<br>(SPECIFY) | **ALL SKIP TO Q41** |

| INFORMATION ABOUT CLIENT'S SATISFACTION | | | |
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| | **QUESTIONS** | **CODING** | **SKIP** |
| I would like to begin by asking you some questions about the services you received today. Please refer to the provider that provided you with the most information during your visit. The provider will not learn of your responses, so please be honest. This information will help improve family planning services.<br><br>***Yanzu inaso na fara da yi miki wasu tambayoyi akan ayyukan da kika samu yau.Ki gaya min ma'aikaciyar da ta baki yawancin bayanai lokacin ziyara.Ma'aikaciyar ba zata ji amsoshin ki ba,ki fadi gaskiya.Wannan bayani zai taimaka wajen inganta ayyukan tsarin iyali.*** | | | |
| Q39. | In addition to the family planning services you received, did you receive any other health services from the service provider today?<br><br>***Harda ayyukan tsarin iyali da kika karba,shin ko kin karbi wani irin aikin kiwon lafiya daga ma'aikaciyar lafiya a yau?*** | YES . . . . . ……. . . 1<br>NO . . . . . ……... . . . . 2 → | **Q41** |
| Q40. | What other services did you receive?<br><br>***Wadanne ayyukan kuma kika samu?*** | ANTENATAL CARE . . . . . …… A<br>DELIVERY SERVICES . . . . . ……...B<br>POSTNATAL CARE . . . . . …… C<br>GROWTH MONITORING . . . . . …… D | |

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| | **DO NOT READ LIST.**<br>**MULTIPLE RESPONSES POSSIBLE.**<br>**CIRCLE ALL MENTIONED.** | STI MANAGEMENT . . . . . .. . . . . .....E<br>HIV/AIDS MANAGEMENT . . . . . ..... F<br>CURATIVE SERVICES . . . . . .....G<br>NUTRITION SERVICES/INFORMATION.. . . . . H<br>CHILD IMMUNIZATION . . . . . ..... I<br>POST-ABORTION CARE. . . . . .....J<br>VCT.....K<br>OTHER HEALTH SERVICES:<br>_____ .X | |

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| Q41. | About how long did you wait between the time you first arrived at this facility and the time you saw staff for a consultation?<br><br>***Shin tun zuwan ki asibitin nan har tsawon wanne lokaci kika jira kafin ganin wani ma'aikaci domin a duba ki?*** | <16 MINUTES . . . . . ..... . . . . . .1<br>16-30 MINUTES . . . . . .. . .....2<br>31-45 MINUTES . . . . . .. ..... .....3<br>46-60 MINUTES . . . . .. . . . ..... .....4<br>61-90 MINUTES . . . . . .....5<br>91-120 MINUTES . . . . . .....6<br>>120 MINUTES . . . . . .....7<br>DON'T KNOW..... .....8 | |
| Q42. | Do you feel that your waiting time was reasonable or too long?<br><br>***Shin ki na zaton lokacin da kika jira yayi dai dai gwargwadon hali ko yayi tsawo?*** | NO WAITING TIME;WAS SEEN IMMEDIATELY.....1<br>REASONABLE AMOUNT OF TIME..... 2<br>TOO LONG .....3<br>DON'T KNOW .....8 | |
| Q43 | When meeting with the provider during your visit, do you think other clients could <u>see</u> you?<br><br>***A lokacin ganawa da kika yi da malamin/malamar asibiti, shin ko ki na tunanin wasu sun gan ki?*** | YES . . . . . .....1<br>NO . . . . . .....2 | |
| Q44. | When meeting with the provider during your visit, do you think other clients could <u>hear what you said</u>?<br><br>***Shin kina tunanin yayin ganawar ki da ma'aikacin asibiti a lokacin ziyara ko wasu sun ji me ku ka ce?*** | YES . . . . . ..... . . . . .....1<br>NO . . . . . ..... . . . . .....2<br>DON'T KNOW . . . . . ..... . .....8 | |
| Q45. | Did you feel comfortable to ask questions during this visit?<br><br>***Shin kin samu natsuwar yin tambayoyi lokacin ziyarar?*** | YES . . . . . ..... . . . . .....1<br>NO . . . . . ..... .....2 | |
| Q46. | Did the provider ask you if you had any questions?<br><br>***Shin ko ma'aikacin ya/ta tambaye ki ko kina da wata tambaya?*** | YES . . . . . ..... 1<br>NO . . . . . ..... .....2 | |
| Q47. | Did the provider answer all of your questions?<br><br>***Shin ko ma'aikacin ya/ta amsa maki dukkan tambayoyin ki?*** | YES . . . . . ..... . . . . 1<br>NO . . . . . ..... . . . . 2<br>DON'T KNOW /REMEMBER. ..... . 8 | |
| Q48. | Do you believe that the information that you shared about yourself with the provider will be kept confidential?<br><br>***Shin kina zaton bayanin da kika yiwa ma'aikacin asibitin za a ajiye shi cikin sirri?*** | YES . . . . . ..... .....1<br>NO . . . . . ..... .....2<br>DON'T KNOW . . . . . ..... .....8 | |
| Q49. | *During your visit, how were you treated by the* ***<u>provider</u>****? Would you say you were treated "very well", "well" or "not very well/poorly?"*<br><br>***A yayin ziyarar,yaya malamin/malamar asibiti ta lura da ke? Za ki iya cewa ya/ta lura da ke*** | VERY WELL ..... . . . . .....1<br>WELL . . . . . ..... . . . . .....2<br>NOT VERY WELL/POORLY. . ..... .....3 | |

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| | ***sosai,lura kawai ko ba lura sosai/ba lura baki daya?*** | | |
| Q50. | *During your visit, how were you treated by the **other staff**? Would you say you were treated "very well", "well" or "not very well/poorly?"*<br><br>***Yayin ziyara,shin yaya sauran ma'aikata suka lura da ke? Za ki iya cewa an lura da ke sosai,lura kawai ko ba lura sosai/ba lura baki daya?*** | VERY WELL ……. . . . . .... ……1<br>WELL . . . . . .... ……2<br>NOT VERY WELL/POORLY . . . . . .... ……3<br>THERE WAS NO OTHER STAFF. . . ……..4 | |
| Q51. | Did you feel the information given to you during your visit today was too little, just about right, or too much?<br><br>***Shin kina tunanin bayanin da aka yi miki a lokacin ziyarar ki yau yayi kadan,daidai ko yayi yawa?*** | TOO LITTLE . . . . . ……..... 1<br>ABOUT RIGHT . . . . . ……..... ……2<br>TOO MUCH . . . . . ……..... ……3<br>DON'T KNOW . . . . . ……..... ……8 | |
| Q52. | Were you highly satisfied, satisfied, somewhat satisfied or not at all satisfied with your services at the facility today?<br><br>***Shin yaya kula da kika samu asibiti yau ya kasance, kin gamsu sosai, ko kuma dai babu laifi, ko kuma baki gamsu ba?*** | HIGHLY SATISFIED . . . . . ..1<br>SATISFIED……..……..2<br>SOMEWHAT SATISFIED .. . .. . . . . . ……3<br>NOT AT ALL SATISFIED……4 | |
| Q53. | Will you use this facility for health care services in the future?<br><br>***Shin za ki yi amfani da wannan asibitin domin samun ayyuka a nan gaba?*** | YES . . . . . ……1<br>NO . . . . . ……2<br>DON'T KNOW……8 | |
| Q54. | Will you recommend this facility to family/friends/neighbors?<br><br>***Shin za ki tallata wannan asibiti ma iyalinki/kawayenki ko makwabtanki?*** | YES . . . . . ……1<br>NO . . . . . ……2<br>DON'T KNOW……8 | |
| Q54a | **Compared with other health care facilities, how would you rate the services here** | Much better .....1<br><br>Better.....2<br><br>Same.....3<br><br>Worse.....4<br><br>Much worse.....5<br><br>Don't know .....-88<br><br>No response……-99 | |
| Q55. | CHECK Q4 SERVICE RECEIVED AND Q29 RECEIVING FP INFORMATION:<br><br>IF Q4 = 01 FOR FP **OR** Q29 = YES ☐ ↓ | IF Q4 = ANYTHING OTHER THAN 01 **AND** Q29= NO ☐ → **Q58** | |
| Q56. | Did the providers show you any printed informational SBCC materials on family planning during their discussion with you?<br><br>***Shin ko ma'aikaciyar asibiti ta nuna miki wasu hotuna na tsarin iyali a lokacin da kuke tattaunawa?*** | YES . . . . . .1<br>NO . . . . . .2 | |

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| Q57. | Were you given any printed informational (IEC) materials on family planning to take away with you during your visit?<br><br>***Ko an baki wani irin hoto a akan hanyar tsarin iyali domin ki tafi dashi lokacin ziyarar?*** | YES . . . . . .1<br>NO . . . . . .2 | |
| Q58. | Now I would like to ask you about the cost of your service today. What is the total amount you paid for all services or treatments you received at this facility today?<br><br>Please include any money you paid for laboratory tests, supplies, and consultation fee.<br><br>***Yanzu ina so nayi miki tambaya akan ayyukan da aka yi miki yau.Shin gaba ki daya nawa kika biya ga duk ayyukan ko magungunan da kika karba a wannan asibitin yau?***<br><br>***Ki hada harda kudin da kika biya a gwaje gwaje,kudin ganin likita da kuma ko wane irin kudin da ki ka biya na wasu abubuwa.*** | PAID NO MONEY . . . …… 00000<br>DON'T KNOW . . . . . ……99998<br><br>1) LAB [ ][ ][ ][ ][ ]<br>2) METHOD [ ][ ][ ][ ][ ]<br>3) CONSULT [ ][ ][ ][ ][ ]<br>4) Consumbales [ ][ ][ ][ ][ ]<br>**=TOTAL AMOUNT** [ ][ ][ ][ ][ ] | |

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| Q59. | Do you have insurance or a similar institutional arrangement that pays for some or all of the services you received at this facility?<br><br>***Shin kina da inshora ko wata hanya ta musamman da ke biyan wasu ko dukkan ayyuka da kike karba a wannan asibitin?*** | YES . . . . . ..1<br>NO . . . . . 2<br>DON'T KNOW . . . . . ….. 8 | |

| INFORMATION ABOUT HEALTH FACILITY | | | |
|---|---|---|---|
| | **QUESTIONS** | **CODING** | **SKIP** |
| Now I would like to ask you some questions about your means of transport and access to health care facilities.<br><br>***Yanzu ina so nayi miki wasu tambayoyi akan abun hawa(sufuri) da kuma inda zaki samu asibiti.*** | | | |
| Q60. | How long did it take to come here today?<br><br>***Shin tsawon wane lokaci ya dauke ki zuwa nan yau?*** | Time in minutes [ ][ ][ ]<br>(Don't know = 998) | |
| Q61. | What was the main means of transport that you used to get here?<br><br>***Wanne irin abun hawa ki ka yi amfani dashi domin zuwa nan?*** | WALK ……01<br>PUBLIC BUS ……02<br>TAXI……03<br>BICYCLE ……..……04<br>TRICYCLE (KEKE NAPEP)……05<br>MOTORCYCLE/SCOOTER……06<br>PRIVATE VEHICLE…… …...07<br>OTHER _____ 96<br>(SPECIFY) | |

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| Q62. | Why did you choose this facility for service today?<br><br>***Shin me yasa kika zabi wannan asibitin domin aikin a yau?***<br><br>**PROBE:** Any other reason?<br><br>***Da wani dalilin kuma?***<br><br>**MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.** | CLOSE TO YOUR HOME……..A<br>CONVENIENT TO YOUR PLACE OF WORK…….B<br>CONVENIENT OPERATING HOURS . . . ……..C<br>YOU CAN REMAIN ANONYMOUS……...D<br>GOOD REPUTATION . . . . ……... . . ……. E<br>STAFF ARE DISCREET/MAINTAIN CONFIDENTIALITY . ……. ….F<br>IT IS MORE AFFORDABLE . . . …….. …….G<br>WAS REFERRED TO THIS FACILITY . . . …….H<br>THIS FACILITY IS CLOSER TO YOUR WORK…...I<br>THIS FACILITY IS FAR FROM MY HOME……..J<br>PROVIDE GOOD QUALITY SERVICES……..…K<br>THEY PROVIDE DESIRED SERVICES ……..……L<br>FACILITY ACCEPTS INSURANCE……..…..M<br>PROVIDERS TREAT PATIENTS WELL……..…...N<br>OTHER(SPECIFY) _____ X<br>DON'T KNOW . . ... . ……. . . . ……..Z | |
| Q63. | Is this the closest health facility to your place of work?<br><br>***Shin wannan ne asibiti mafi kusa da wajen aikin ki?*** | YES . . . . . 1<br>NO . . . . . 2<br>DON'T WORK…….3<br>DON'T KNOW . . . . . ..8 | |
| Q64. | Is this the closest health facility to your home?<br><br>***Shin wannan ne asibiti mafi kusa da gidan ki?*** | YES . . . . . ……. . . 1 → **Q67**<br>NO . . . . . ……. 2<br>DON'T KNOW . . . . . ……..8 → **Q67** | |

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| Q65. | Which is the closest type of facility to your home?<br><br>***Shin wanne irin asibiti ne mafi kusa da gidan ki?*** | PUBLIC SECTOR<br>GOVT. HOSPITAL……... 11<br>WOMEN AND CHILDREN HOSPITAL…… 12<br>CHILD WELFARE CLINIC…… 13<br>GOVT. HEALTH CENTRE…...…… 14<br>GOVT. HEALTH POST/DISPENSARY…… 15<br>MATERNITY HOME……...…… 16<br><br>OTHER PUBLIC_____ 18<br>(SPECIFY)<br>PRIVATE SECTOR<br>PRIVATE HOSPITAL…...…… 21<br>PRIVATE CLINIC……...…… 22<br>PRIVATE DOCTOR'S OFFICE……..…. 23<br>NURSING/MATERNITY HOME……24<br><br>OTHER PRIVATE_____29<br>(SPECIFY)<br>FBO<br>MISSION HOSPITAL……..31<br>FAITH-BASED HOME/HEALTH CENTRE. ……32<br>OTHER<br>NGO CLINIC/HOSPITAL……...41<br>VCT CLINIC……..42<br><br>OTHER (SPECIFY)_____96 | |

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| Q66. | What was the main reason you did not go to this facility near your home?<br><br>***Shin wanne irin muhimmin dalili ne yasa baki je asibiti mafi kusa da gidanki ba?*** | INCONVENIENT OPERATING HOURS . . . ……1<br>BAD REPUTATION . . . . …….. . . ……. 2<br>DON'T LIKE PERSONNEL…… . …….3<br>NO MEDICINE . . . . . ……. . . …….4<br>PREFERS TO REMAIN ANONYMOUS . . …….5<br>IT IS MORE EXPENSIVE . . . …….. …….6<br>REFERRAL TO ANOTHER FACILITY . . . ……..7<br>FACILITY NOT OPEN……8<br>FACILITY OF POOR QUALITY……..…9<br>DO NOT PROVIDE DESIRED SERVICES …….10<br>PROVIDERS OFTEN AWAY……..11<br>DOES NOT ACCEPT INSURANCE……12<br>PROVIDER TREATS PATIENTS POORLY……...13<br><br>OTHER(SPECIFY) _____ 96<br>DON'T KNOW . . ... . ……. . . . . ……..98 | |
| Q67. | Do you use this health facility (the one closest to your home) for other health services?<br><br>***Shin kina amfani da wannan asibitin (mafi kusa da gidanki) domin wasu ayyukan lafiya?*** | YES . . . . . ……. . . . . ….. . . 1<br>NO . . . . . ……. . …. . . . . 2 → | **Q69** |
| Q68. | For what other health services do you go to this facility near your home?<br><br>***Domin wadanne irin ayyukan lafiya kika je asibiti mafi kusa da gidan ki?***<br><br>**MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.** | ANTENATAL CARE . . . . . ……. . . . . A<br>DELIVERY SERVICES . . . . . ……..B<br>POSTNATAL CARE . . . . . ……C<br>GROWTH MONITORING . . . . . ……D<br>STI MANAGEMENT . . . . . ... . . . . ……E<br>HIV/AIDS MANAGEMENT . . . . . ……F<br>CURATIVE SERVICES . . . . . ……G<br>NUTRITION SERVICES/INFORMATION. . . . . H<br>CHILD IMMUNIZATION . . . . . ……..I<br>POST-ABORTION CARE. . . . . ……J<br>VCT……K<br>FAMILY PLANNING. . . . . ……L<br>OTHER HEALTH SERVICE<br><br>_____ X<br>(SPECIFY) | |
| Q69. | When you or someone in your family needs drugs, do you usually purchase drugs from a pharmacy, a patent medical store (chemist), or other type of drug shop?<br><br>***Shin idan ke ko wani a iyalinki na son magunguna, kuna saya daga babban dakin shan magani, karamin dakin shan magani ko kowanne irin wurin saida magani?*** | PRIVATE PHARMACY……...1<br>PMS/CHEMIST……2<br>OTHER(SPECIFY)_____6 | |
| Q70. | What type of drug shop is <u>closest to your home</u>?<br><br>***Wanne irin wurin saida magani yafi kusa da gidan ki?*** | PRIVATE PHARMACY……...1<br>PMV/CHEMIST……2<br>OTHER(SPECIFY)_____6 | |

## MEDIA EXPOSURE

Now I would like to ask you some questions about the different media sources from which you receive information.

**Yanzu ina so nayi miki wasu tambayoyi akan hanyoyi dabam dabam na watsa labarai da ki ke samun bayanai.**

| SOURCE | QUESTIONS | CODING | SKIP |
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| Q71 | Now I would like to talk to you about your information needs and where you get information regarding health issues.<br><br>***Yanzu ina son in yi maki tambaya game da yadda ki ke bukatar samun labarai da kuma yadda ki ke samun labaran da suka shafi harkar kiwon lafiya?***<br><br>What are your main sources for receiving health information?<br><br>***Wadanne hanyoyi ne ki ke samun labaran kiwon lafiya*?**<br><br>PROBE SEPARATELY FOR:<br>***A.*** Media sources: ***Ta hanyar jaridun da ake bugawa ko wanda ake sauraro***<br>***B.*** Health personnel sources: ***Ta hanyar Jami'an kiwon lafiya***<br>***C.*** Community sources: ***Ta hanyar al'umma***<br>***D.*** Interpersonal sources: ***Ta mu'amulla da jama'a***<br><br>PROBE: Any other source?<br><br>***Akwai wata hanyar kuma?***<br>(FOR EACH CATEGORY)<br><br>CIRCLE ALL MENTIONED. | **Media Sources**<br><br>RADIO..... AA<br>TV ..... AB<br>VIDEOS ..... AC<br>NEWSPAPERS ..... AD<br>MAGAZINES/BOOKS ..... AE<br>FLYERS/LEAFLETS/ POSTERS/ STICKERS ..... AF<br>BILL BOARDS…….. AG<br>WALL PAINTING…… AH<br>FACE BOOK…… AI<br>INTERNET…… AJ<br>E-MAIL…… AK<br>SMS/CELLPHONE/TEXT MESSAGE……. AL<br><br>**Health Personnel Sources**<br>CLINICAL OFFICER/DOCTOR ……..…… BA<br>NURSE/MIDWIFE…… BB<br>COMMUNITY HEALTH WORKER……..…… BC<br>PHARMACY/PHARMACIST…… BD<br>PMV/CHEMIST…… BE<br>HOSPITAL…… BF<br>CLINIC …… BG<br>TBA…… BH<br>HERBALIST/TRADITIONAL HEALER…… BI<br><br>**Community Sources**<br>CINEMA/MOBILE CINEMA…… CA<br>VIDEO SHOPS/VIEWING CENTER…… CB<br>SOCIAL/COMMUNITY HALLS…… CC<br>COMMUNITY OUTREACH EVENTS (THEATRE, PUPPETS, ROAD SHOWS, ETC)…… CD<br>CHANGE TO LIFE EVENTS (WEDDING, NAMING CEREMONY, HOUSEWARMING) …….. …… CE<br>PEER EDUCATION…… CF<br>SCHOOL…….. CG<br>NGOS…….. CH<br>FBOS/CHURCH/MOSQUES……. CI<br>COMMUNITY MEETINGS/ASSOCIATIONS…… CJ<br>WOMEN'S/MEN'S GROUPS…… CK<br>SOCIAL MOBILIZER/MOBILIZERS …… CL<br><br>**Interpersonal Sources**<br>PARENTS …… DA<br>IN-LAWS …… DB<br>SPOUSE/PARTNER……..... DC<br>SIBLINGS……. DD<br>SISTER/BROTHER IN LAWS……..... DE<br>FRIENDS/NEIGHBORS ……..…… DF<br>OTHER RELATIVES……..... DG<br>CHILDREN …….. DH<br><br>**OTHER SOURCES: _____** XX<br>NONE…… YY<br>DON'T KNOW……..…… ZZ | |

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| Q72 | Have you heard any family planning messages in the last three months?<br><br>***A cikin wata ukku da suka shige kin ji wani sako na hanyar tsarin iyali?*** | YES……1<br>NO……2 →<br>DON'T REMEMBER……8 → | <br>**Q74**<br>**Q74** |
| Q73 | From where did you hear **this (these)** family planning message(s)?<br><br>***Daga ina kika samu wannan (wadanan) sako/sakonni na hanyar tsarin iyali?***<br><br>PROBE: Any other places/by any other means?<br><br>***Akwai wasu wuraren ko wata hanyar kuma?***<br><br>**MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.** | **Media Sources**<br><br>RADIO..... AA<br>TV ..... AB<br>VIDEOS ..... AC<br>NEWSPAPERS ..... AD<br>MAGAZINES/BOOKS ..... AE<br>FLYERS/LEAFLETS/ POSTERS/ STICKERS ..... AF<br>BILL BOARDS…….. AG<br>WALL PAINTING…… AH<br>FACE BOOK…… AI<br>INTERNET…… AJ<br>E-MAIL…… AK<br>SMS/CELLPHONE/TEXT MESSAGE……. AL<br><br>**Health Personnel Sources**<br>CLINICAL OFFICER/DOCTOR ……..…… BA<br>NURSE/MIDWIFE…… BB<br>COMMUNITY HEALTH WORKER…….…… BC<br>PHARMACY/PHARMACIST…… BD<br>PMV/CHEMIST…… BE<br>HOSPITAL…… BF<br>CLINIC …… BG<br>TBA…… BH<br>HERBALIST/TRADITIONAL HEALER…… BI<br><br>**Community Sources**<br>CINEMA/MOBILE CINEMA…… CA<br>VIDEO SHOPS/VIEWING CENTER…… CB<br>SOCIAL/COMMUNITY HALLS…… CC<br>COMMUNITY OUTREACH EVENTS (THEATRE, PUPPETS, ROAD SHOWS, ETC)…… CD<br>CHANGE TO LIFE EVENTS (WEDDING, NAMING CEREMONY, HOUSEWARMING) …….. …… CE<br>PEER EDUCATION…… CF<br>SCHOOL…….. CG<br>NGOS……... CH<br>FBOS/CHURCH/MOSQUES……. CI<br>COMMUNITY MEETINGS/ASSOCIATIONS…… CJ<br>WOMEN'S/MEN'S GROUPS…… CK<br>SOCIAL MOBILIZER/MOBILIZERS …… CL<br><br>**Interpersonal Sources**<br>PARENTS …… DA<br>IN-LAWS …… DB<br>SPOUSE/PARTNER……..... DC<br>SIBLINGS……. DD<br>SISTER/BROTHER IN LAWS……..... DE<br>FRIENDS/NEIGHBORS ……..…… DF<br>OTHER RELATIVES……..... DG<br>CHILDREN …….. DH<br><br>**OTHER SOURCES:** _____ XX<br>DON'T KNOW…… ZZ | |
| Q74 | Do you read newspaper(s)?<br><br>***Ki na karanta jarida/jaridu?*** | YES .....1<br>NO.....2 | |
| Q75 | Do you read magazine(s)?<br><br>***Ki na karanta mujalla ko mujallu?*** | YES .....1<br>NO.....2 | |

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| Q76 | CHECK: Q74 & 75: READ NEWSPAPERS AND/OR MAGAZINES<br>IF YES TO EITHER ↓ | IF NO TO BOTH → | **Q79** |
| Q77 | Have you read any articles on family planning/child birth spacing in newspapers/magazines in the past three months?<br><br>***Kin ta ba karanta wani sharhi kan tsarin kaiyade iyali/ tazarar haihuwa a jaridu ko mujallu a watanni uku da suka shige?*** | YES.....1<br><br>NO.....2 → | **Q79** |
| Q78 | What information did you read in the newspapers/magazines about family planning/ birth spacing?<br><br>***Wanne labarai ki ka karanta a jaridu/mujallu kan dabarun tsarin iyali /tazara tsakanin haihuwa?***<br><br>MULTIPLE RESPONSES - CIRCLE ALL MENTIONED.<br><br>IF RESPONDENT SAYS "PILL", PROBE FURTHER TO ESTABLISH IF THEY MEAN THE "DAILY PILL" OR THE "EMERGENCY PILL" | **METHODS**<br>DAILY PILLS.....A<br>IUCD .....B<br>MALE CONDOMS.....C<br>FEMALE CONDOMS .....D<br>INJECTABLES..... E<br>IMPLANTS..... F<br>EC/MORNING AFTER PILL/ POSTINOR 2 ..... G<br>FEMALE STERILIZATION .....H<br>MALE STERILZATION..... I<br>STANDARD DAYS METHOD (SDM) /CYCLE BEADS ..... J<br><br>**ISSUE**<br>AGE AT MARRIAGE..... K<br>DELAYING FIRST BIRTH..... L<br>DELAYING AGE AT FIRST SEX/ABSTINENCE…M<br>SPACING BETWEEN BIRTHS.....N<br>LIMITING FAMILY SIZE..... .....O<br>GOVT STATEMENTS REGARDING FP..... P<br>SPOUSE/PARTNER COMMUNICATION (TALK TO YOUR PARTNER) ..... ..... Q<br>GO FOR FAMILY PLANNING ..... R<br>PROMOTING BENEFITS OF FP..... S<br>PROVIDERS STATEMENTS REGARDING FP …..T<br>RELIGIOUS LEADERS STATEMENTS REGARDING FP .....U<br>TALK TO A HEALTH PROVIDER ABOUT FP .....V<br><br>OTHERS (Specify)_____X<br>DON'T REMEMBER .....Z | |
| Q79 | Do you listen to the radio?<br><br>***Ki na sauraren rediyo?*** | YES … ..... 1<br>NO..... 2 → | **Q85** |
| Q80 | Which radio stations do you listen to?<br><br>***Wadanne tashoshin rediyo ki ke sauraro?***<br><br>LIST THE FULL NAME OF THE TOP THREE RADIO STATIONS MENTIONED | CODE BOXES: OFFICE USE ONLY<br>1._____ [ ][ ][ ]<br>2._____ [ ][ ][ ]<br>3._____ [ ][ ][ ] | |
| Q81 | How many days in a week do you listen to radio?<br><br>***Kwanaki nawa a sati ki ke sauraren rediyo?*** | NUMBER OF DAYS IN A WEEK [ ]<br><br>LESS THAN WEEKLY/NOT REGULARLY .....8 | |
| Q82 | On average how long in total do you listen to radio on a normal day?<br><br>***A taikace tsawon lokaci nawa a yini ki ke jin rediyo?*** | HOURS PER DAY.....1 [__|__]<br>OR<br>MINUTES PER DAY.....2 [__|__] | |

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| Q83 | Have you heard any family planning/ child birth spacing information on the radio in the past three months?<br><br>***Kin ta ba jin bayani a rediyo game da dabarun tsarin iyali /tazara tsakanin haihuwa a cikin watanni uku da suka shige?*** | YES.....1<br><br>NO.....2 → | **Q85** |
| Q84 | What information did you hear on the radio about family planning/birth spacing?<br><br>***Wanne labarai ki ka ji a rediyo kan dabarun tsarin iyali /tazara tsakanin haihuwa?***<br><br>MULTIPLE RESPONSES - CIRCLE ALL MENTIONED.<br><br>IF RESPONDENT SAYS "PILL", PROBE FURTHER TO ESTABLISH IF THEY MEAN THE "DAILY PILL" OR THE "EMERGENCY PILL" | **METHODS**<br>DAILY PILLS.....A<br>IUCD .....B<br>MALE CONDOMS.....C<br>FEMALE CONDOMS .....D<br>INJECTABLES..... E<br>IMPLANTS..... F<br>EC/MORNING AFTER PILL/ POSTINOR 2 ..... G<br>FEMALE STERILIZATION .....H<br>MALE STERILZATION..... I<br>STANDARD DAYS METHOD (SDM)<br>/CYCLE BEADS ..... J<br><br>**ISSUE**<br>AGE AT MARRIAGE.....K<br>DELAYING FIRST BIRTH..... L<br>DELAYING AGE AT FIRST SEX/ABSTINENCE....M<br>SPACING BETWEEN BIRTHS.....N<br>LIMITING FAMILY SIZE..... .....O<br>GOVT STATEMENTS REGARDING FP.....P<br>SPOUSE/PARTNER COMMUNICATION<br>(TALK TO YOUR PARTNER) ..... .....Q<br>GO FOR FAMILY PLANNING ..... R<br>PROMOTING BENEFITS OF FP..... S<br>PROVIDERS STATEMENTS REGARDING FP .....T<br>RELIGIOUS LEADERS STATEMENTS<br>REGARDING FP .....U<br>TALK TO A HEALTH PROVIDER<br>ABOUT FP .....V<br><br>OTHERS (Specify)_____X<br>DON'TREMEMBER .....Z | |
| Q101 | Do you watch television?<br><br>***Ki na kallon talabijin?*** | YES .....1<br><br>NO.....2 → | **Q108** |
| Q102 | How many days in a week do you watch television?<br><br>***Kwanaki nawa a sati ki ke kallon talabijin?*** | NUMBER OF DAYS PER WEEK [ ]<br><br>NOT REGULARLY.....8 | |
| Q103 | On average how long in total do you watch television on a normal day?<br><br>***A kalla kamar sau nawa kike kallon talabijin a rana?*** | HOURS PER DAY.....1 [__\|__]<br><br>OR<br><br>MINUTES PER DAY.....2 [__\|__\| | |
| Q104 | What channels do you generally watch on TV?<br><br>LIST THE FULL NAME OF THE TOP THREE TV STATIONS MENTIONED<br><br>***Wadanne tashoshi ki ka fi kallo akasari?*** | CODE BOXES:<br>OFFICE USE ONLY<br><br>1._____ [ ][ ][ ]<br>2._____ [ ][ ][ ]<br>3._____ [ ][ ][ ] | |

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| Q105 | What kind of TV programs do you normally watch?<br><br>CIRCLE ALL MENTIONED.<br><br>***Wanne irin shirin talebijin ki ke kallo?*** | NEWS/CURRENT AFFAIRS……A<br>RELIGIOUS PROGRAMMING……B<br>TALK SHOWS……C<br>NATURE PROGRAMS……D<br>DOCUMENTARIES……E<br>SOAP OPERAS/DRAMA……F<br>CARTOONS……G<br>MUSIC TELEVISION……H<br>POLITICAL DEBATES……I<br>SPORTS……J<br>CONTESTS……K<br>FILMS/MOVIES……L<br><br>OTHER _____X<br>(SPECIFY) | |

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| Q119 | Do you go to video shows/viewing centers?<br><br>***Ki na zuwa wajen kallon bidiyo ko wajen da jama'a ke taruwa domin kallo?*** | YES……1<br>NO……2 → | **Q121** |
| Q120 | How **often** do you go to video shows?<br><br>***Kamar sau nawa kike zuwa wajen kallon bidiyo?***<br><br>SINGLE RESPONSE | MORE THAN ONCE PER WEEK……1<br>EVERY WEEK ……2<br>A COUPLE OF TIMES A MONTH ……3<br>AT LEAST ONCE A MONTH ……4<br>AT LEAST ONCE A YEAR ……5<br>RARELY……6 | |
| Q121 | Do you have access to mobile phone?<br><br>***Kina da wayar salula?*** | YES……1<br>NO……2 →<br>DON'T KNOW MOBILE PHONE……8 → | **Q125**<br>**Q125** |
| Q122 | Do you own a mobile phone that is mainly for your own use?<br><br>***Shin kina da wayar salular da ke kadai kike amfani da ita?*** | YES……1<br>NO……2 → | **Q125** |
| Q123 | In the past six months, have you received a family planning message on your mobile phone?<br><br>***Kin sami wani sakon kaiyade tsarin iyali/tazarar haihuwa a wayar salular ki a watanni shida da suka wuce?*** | YES……1<br>NO……2 →<br>DON'T KNOW ……8 → | **Q125**<br>**Q125** |
| Q124 | How useful was the family planning message you received on your mobile phone?<br><br>***Shin sakon da kika samu ta wayar salular ya na da amfani a gareki?*** | VERY USEFUL……1<br>SOMEWHAT USEFUL……2<br>NOT USEFUL……3<br>DON'T KNOW……8 | |

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| Q125 | In the **past three months,** have you accessed the internet, web, or email at least once through the following?<br><br>***A cikin watanni uku da suka shige, kin ta ba bude yanar gizon internet, ko wasikar yanar gizo ko da sau daya?*** | | |
| | *a.* a mobile phone?<br>***Wayar salula*** | YES……1<br>NO……2<br>DONT KNOW INTERNET……8 → | **Q128** |

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| | b. A computer?<br>***Na'ura mai kwakwalwa*** | YES……1<br>NO……..2 | |
| Q126 | In the past three months, have you accessed the internet, web, facebook or email at least once?<br><br>***A cikin watanni uku da suka shige, kin ta ba bude yanar gizon internet, dandalin sada zumunci na facebook ko wasikar yanar gizo ko da sau daya?*** | YES……1<br>NO……..2 →<br><br>DON'T KNOW……..8 → | **Q128**<br><br>**Q128** |
| Q127 | Have you seen any family planning/child birth spacing messages on the internet, web, facebook or email in the past three months?<br><br>***Kin ta ba ganin wani sako kan hanyar tsarin iyali/ tazarar haihuwa a yanar gizon internet ko dandalin sada zumunci na facebook ko wasikar yanar gizo a cikin watanni uku da su ka shige?*** | YES……1<br>NO……..2<br>DON'T KNOW……8 | |
| Q128 | Do you belong to any groups, clubs, or organizations?<br><br>***Ki na cikin wata kungiya, kulof –kulof ko kungiyoyi?*** | YES……1<br><br>NO……..2 → | **Q130** |

| PERSONAL CHARACTERISTICS OF CLIENT | | | |
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| **SOURCE** | **QUESTIONS** | **CODING** | **SKIP** |
| Now I am going to ask you some questions about yourself.<br><br>***Yanzu zan yi miki wasu tambayoyi game da ke kanki.*** | | | |
| Q130 | Have you ever attended school?<br><br>***Shin kin taba shiga makaranta?*** | YES……1<br>NO……2 → | **Q133** |
| Q131 | What is the highest level of school you attended**:** Quranic only, primary, junior secondary, senior secondary, or higher?<br><br>***Wanne matsayi na ilimi kika samu?*** | QURANIC ONLY…….. 0 →<br>PRIMARY…….. 1<br>JUNIOR SECONDARY (JSS)…….. 2<br>SENIOR SECONDARY (SSS)……. 3<br>HIGHER…… 4 | **Q133** |
| Q132 | What is the highest (class/form/year) you completed at that level?<br><br>***Wanne aji mafi nisa kika kammala a wannan matsayin?*** | CLASS/FORM/YEAR…….[__\|__] | |
| Q133 | What is your religion?<br><br>***Menene addinin ki?*** | CHRISTIAN, CATHOLIC……..1<br>CHRISTIAN, PROTESTANT/OTHER……..2<br>ISLAM……..3<br>TRADITIONAL……..4<br>NO RELIGION……..5<br>OTHER_____6<br>(SPECIFY) | |
| Q134 | What is your ethnic group?<br><br>***Wacce kabila ce ke?*** | _____ [ ][ ][ ]<br>OFFICE USE ONLY | |
| Q135 | What language do you usually speak at home?<br><br>***Wanne harshe/yarei ki ka fi amfani dashi a gida?*** | HAUSA……1<br>YORUBA……2<br>IGBO……3<br>ENGLISH…….. 4<br>PIDGIN ENGLISH……5<br><br>OTHER_____ 6<br>(SPECIFY) | |
| Q136 | What is your current marital status?<br><br>***Shin kina da aure?***<br><br>**PROBE FOR EXACT STATUS** | CURRENTLY MARRIED…….. . . . . ….. .... ..1<br>LIVING WITH A MAN AS IF MARRIED .. . ……. 2<br>DIVORCED……3<br>SEPARATED……4<br>WIDOWED…… . . ……..5<br>SINGLE, NEVER MARRIED ……. ……..6 | **Q139** |
| Q137 | Is your husband/partner living with you now, or does he stay elsewhere?<br><br>***Shin mijin ki /abokin zamanki na tare da ke yanzu ko yana zaune a wani waje?*** | LIVING WITH YOU……..1<br><br>STAYING ELSEWHERE ……..2 | |
| Q138 | Have you ever discussed family planning with your husband/Partner?<br><br>***Shin ko kin ta ba tattaunawa da maigidanki/abokin zamanki akan hanyar tsarin iyali?*** | YES ……1<br><br>NO ……2 | |
| Q139 | In the last 6 months, have you discussed family planning with anyone else, apart from [a husband or] regular partner?<br><br>***A cikin wata shida da suka shige,kin yi maganar tsarin iyali/tazara tsakanin haihuwa da wani dabam,ban da mijinki ko abokin ki na yau da kullum?*** | YES . . . . . ……. 1<br>NO . . . . . ……. 2<br>DON'T KNOW . . . . . ……8 | |

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| Q140 | CHECK Q4: FOR DELIVERY-RELATED SERVICE OR Q25 CURRENTLY PREGNANT<br><br>IF Q4= FAMILY PLANNING (01), GROWTH MONITORING (06), CHILD IMMUNIZATION (07), STI MANAGEMENT (08), HIV/AIDS MANAGEMENT (09), CURATIVE SERVICES (10), VCT (11), OTHER (96) **AND** Q25 =2 OR 8 FOR **NOT** CURRENTLY PREGNANT ☐ ↓ | IF Q4= ANTENATAL CARE (02), DELIVERY SERVICES (03), POSTNATAL CARE (04), OR POST-ABORTION CARE (05), **OR**<br><br>Q25=1 FOR CURRENTLY PREGNANT ☐ → | **Q142** |
| Q141 | Have you ever been pregnant?<br><br>***Shin ko kin ta ba samun ciki?*** | YES . . . . . .…….. . . . 1<br>NO . . . . . .…….2 → | **Q143** |
| Q142 | How many living children of your own do you have?<br>***Yara guda nawa rayayyu kike dasu wadanda kika haifa?***<br><br>**RECORD NUMBER GIVEN.** | NUMBER OF CHILDREN …….. ☐☐<br>NONE ……..…00<br>DON'T KNOW ……98 | |
| Q143 | [After the birth of this child] Would you like to have (a/another) child in the future?<br><br>***[Bayan haihuwar wannan yaro]Shin za ki so ki samu wani dan a nan gaba?*** | YES . . . . . .…….. . . . 1<br>NO . . . . . .2<br>DEPENDS ON HUSBAND . . . . 3<br>DEPENDS ON GOD . . . . . .4<br>CAN'T GET PREGNANT…….5<br>DON'T KNOW . . . . . .8 → | **Q145** |
| Q144 | [After the birth of this child] How long would you like to wait from now before the birth of (a/another) child?<br><br>***[Bayan haihuwar wannan yaro] Har tsawon wanne lokaci daga yanzu kike son ki dakata kafin ki haifi wani 'da/'ya?*** | LESS THAN A YEAR . . …….. . . . . 1<br>ONE TO TWO YEARS . . . . . ……. . 2<br>MORE THAN TWO YEARS . . ……. 3<br>DON'T KNOW . . . . . .……8 | |

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| Q145 | How many times have you had sex in the last three (3) months?<br><br>***A cikin wata uku da suka shige sau nawa kika yi jima'i?*** | NUMBER OF TIMES…….. [__|__|__]<br><br>**OR**<br>NONE……000<br>DAILY……991<br>WEEKLY ……..992<br>MONTHLY……..993<br><br>OTHER_____ 996<br>(SPECIFY)<br>DON'T KNOW……. 998 | |
| Q146 | Did anyone come with you to the facility today?<br><br>***Shin ko kin zo da wani yayin ziyarar ki yau?*** | YES . . . . . .…….. . . . . 1<br>NO . . . . . .……..2 → | **Q148** |
| Q147 | Who came with you?<br><br>***Wanene yazo da ke?***<br><br>**MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.** | CHILD(REN)...……..…A<br>HUSBAND……B<br>MOTHER……C<br>MOTHER-IN-LAW……D<br>FRIEND……..E<br><br>OTHER _____X | |

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| Now I am going to ask you some questions about the household in which you live.<br><br>***Yanzu ina so nayi miki wasu tambayoyi akan gidan da kike zaune.*** | | | |
| Q148 | Where do you currently live?<br><br>***Yanzu a ina kike da zama?*** | VILLAGE/TOWN NAME_____<br><br>LGA NAME _____ [ ][ ][ ]<br>OFFICE USE ONLY<br><br>STATE NAME_____ [ ][ ]<br>OFFICE USE ONLY | |
| Q149 | What is the predominant material that the roof of your house is made of?<br><br>***Shin da mafi yawan me aka yi rufin gidan nan?***<br><br>**PROBE FOR PREDOMINANT MATERIAL USED; ONLY CIRCLE ONE RESPONSE.** | **NATURAL ROOFING**<br>NO ROOF……..11<br>THATCH/PALM LEAF /REED/GRASS..12<br>DUNG/MUD ……..13<br><br>**RUDIMENTARY ROOFING**<br>RUSTIC MAT……21<br>PALM/BAMBOO……22<br>WOOD PLANKS……23<br>CARDBOARD……24<br>PLASTIC BAGS……25<br>TIN CANS……26<br>CORRUGATED IRON SHEETS……..27<br><br>**FINISHED ROOFING**<br>METAL/ZINC……..31<br>CERAMIC TILES……33<br>CEMENT……..34<br>ROOFING SHINGLES……..35<br>ASBESTOS……36<br>CONCRETE……37<br><br>**OTHER** _____96<br>(SPECIFY) | |

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| Q150 | What kind of toilet facility does your household have?<br><br>***Shin wane irin bayan gida kike dashi a gidan nan?*** | **FLUSH OR POUR FLUSH TOILET**<br>FLUSH TO PIPED SEWER SYSTEM. .11<br>FLUSH TO SEPTIC TANK . . . . . 12<br>FLUSH TO PIT LATRINE . . . . . 13<br>FLUSH TO SOMEWHERE ELSE……..14<br>FLUSH, DON'T KNOW WHERE . . . …15<br><br>**PIT LATRINE**<br>VENTILATED IMPROVED<br>PIT LATRINE . . . . . ... .. . . . 21<br>PIT LATRINE WITH SLAB . . . . .... . . . 22<br>PIT LATRINE WITHOUT SLAB/<br>OPEN PIT . . . . . ... . .. ..23<br><br>COMPOSTING TOILET . . . . . ..31<br>BUCKET TOILET . . . . . ..41<br>HANGING TOILET/HANGING LATRINE...51<br>NO FACILITY/BUSH/FIELD . . . . . ... . . . 61 → **Q153**<br>OTHER_____96<br>(SPECIFY) | |
| Q151 | Is it inside or outside your dwelling?<br><br>***Shin yana ciki ko wajen gidan?*** | INSIDE DWELLING.....1<br>OUTSIDE DWELLING.....2 | |

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| Q152 | Do you share this toilet with other households?<br><br>***Shin kina amfani da wannan bayan gida da wasu gidajen?*** | YES .....1<br>NO.....2<br>DON'T KNOW……8 | |
| Q153 | What is the main source of drinking water for your household?<br><br>***Ta wacce irin muhimmiyar hanya ake samun ruwan sha a gidan nan?*** | **PIPED WATER**<br>INTO DWELLING.....11<br>PIPED TO YARD/PLOT.....12<br>PUBLIC TAP/STANDPIPE.....13<br><br>TUBE WELL OR BOREHOLE.....21<br><br>**DUG WELL**<br>PROTECTED WELL.....31<br>UNPROTECTED WELL.....32<br><br>**WATER FROM SPRING**<br>PROTECTED SPRING.....41<br>UNPROTECTED SPRING.....42<br><br>**RAINWATER**<br>WITHIN THE YARD/PLOT…… 51<br>OUTSIDE THE YARD/PLOT…… 52<br><br>TANKER TRUCK.....61<br>CART WITH SMALL TANK.....71<br>SURFACE WATER (RIVER/DAM/ RAKE/POND/STREAM/ CANAL).....81<br>BOTTLED WATER.....91<br>WATER DISPENSER …… 92<br>SACHETS …… 93<br>OTHER_____96 | |
| Q154 | How many rooms in total are in your household, including rooms for sleeping but not including bathrooms and kitchen?<br><br>***Shin dakuna nawa kuke dasu a gidan nan da suka hada da dakunan barci amma banda dakin wanka dana girki?*** | ROOMS (TOTAL)…… [ ][ ] | |
| Q155 | Does your household have electricity?<br><br>***Shin akwai wutar lantarki a gidan nan?*** | YES ……1<br>NO……2 | |
| Q156 | Does your household have a generator?<br><br>***Shin gidan nan na da janareta?*** | YES ……1<br>NO……2 | |
| Q157 | Does your household have a mobile phone?<br><br>***Shin akwai wayar hannu a gidan nan?*** | YES ……1<br>NO……2 | |
| Q158 | Does your household have a radio?<br><br>***Shin akwai rediyo a gidan nan?*** | YES ……1<br>NO……2 | |
| Q159 | Does your household have electric/gas cooker/ burner?<br><br>***Shin akwai murhun girki na lantarki/murhun 'gas' a gidan nan?*** | YES ……1<br>NO……2 | |
| Q160 | Does your household own a television?<br><br>***Shin gidan na da talabijin?*** | YES ……1<br>NO……2 | |

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| Q161 | Does your household own an electric iron?<br><br>***A nan gidan akwai dutsen guga?*** | YES ……1<br>NO……2 | |
| Q162 | Does your household have subscription to any cable network?<br><br>***A nan gidan akwai wanda yake da faifan tauraron 'dan Adam?*** | YES ……1<br>NO……2 | |
| Q163 | Does your household own a VCR/DVD player?<br><br>***A nan gidan akwai garmaho?*** | YES ……1<br>NO……2 | |
| Q164 | Does your household own a mattress?<br><br>***A nan gidan akwai katifa?*** | YES ……1<br>NO……2 | |
| Q165 | Does your household own a refrigerator?<br><br>***A nan gidan akwai firij?*** | YES ……1<br>NO……2 | |
| Q166 | Does your household own an electric fan?<br><br>***A nan gidan akwai fanka?*** | YES ……1<br>NO……2 | |
| Q167 | RECORD THE TIME WHEN THE INTERVIEW ENDED... [ ][ ] : [ ][ ] | | |

Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!

**Nagode kwarai da gaske domin lokacin da kika samu na amsa mani tambayoyi na. Har yanzu dai, dukkan bayanan da kika bani zamu adana su cikin sirri. Mu wuni lafiya!**

**INTERVIEWER'S COMMENTS:**